

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001962

FILED  
Mar 14, 2005  
Secretary of State

**Entity Name:** POMELLO RANCHES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 222  
MYAKKA CITY, FL 34251 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 222  
MYAKKA CITY, FL 34251 US

**New Mailing Address:**

**FEI Number:** 65-0818075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAMBLE, DEBI B  
26400 69TH AVE E  
MYAKKA CITY, FL 34251 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PATINO, TOM  
Address: 25210 69TH AVE E  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: VP ( ) Delete  
Name: ADAMS, MICHAEL  
Address: 25007 71ST AVE E  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: TRES ( ) Delete  
Name: SAXMAN, JEAN  
Address: 25605 69TH AVE E  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: DIR ( ) Delete  
Name: PATINO, THOMAS  
Address: 25210 - 269TH AVENUE EAST  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: DIR ( ) Delete  
Name: HEIDENTHAL, STEFANI  
Address: 26350 - 65TH AVENUE EAST  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: SCTY ( ) Delete  
Name: GAMBLE, DEBI  
Address: 26400 69TH AVE E  
City-St-Zip: MYAKKA CITY, FL 34251 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: MURPHY, SUSAN  
Address: 6611 261ST ST E  
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBI GAMBLE

SCTY

03/14/2005

Electronic Signature of Signing Officer or Director

Date